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THE CHIRONIAN.

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WE call the attention of our readers to a mistake in THE CHIRONIAN, No. 5. On page 77, in Case 3, the drug *Crot. h.* should be *Crot. tig.*

This error illustrates how careful we should be in using abbreviations, and perhaps it would be better to write the name of the drug *in full*, although it would take more time and space. Accuracy should not be sacrificed to brevity.

VACATION is over. That oasis of plum pudding, turkey and social gatherings is a thing of the past—a memory.

We are now on the home stretch. Only three months more of good solid work and we hope to grasp that roll of parchment which we all consider most ample reward for the arduous duties of the college course.

But the diploma should not be our only aim. We are not here simply to prepare ourselves with facts that may carry us safely through the examinations next April. We are here to acquire

knowledge that will enable us to allay suffering and save lives, and we can not conscientiously neglect the excellent opportunities we are now enjoying.

We hear a great many solid truths every day, and while we may not be able to grasp and retain them all, it should be our desire and effort to store up as many as possible for the time when we shall sorely need them.

OUR Library is booming. Hardly a day passes now but sees several books added to the growing pile. In our next issue we shall mention some of the donors and their valuable gifts.

The columns of THE CHIRONIAN are open to the Library Committee, and we shall assist them all we can in giving publicity to this most worthy effort of the Hahnemannian Society.

OF the many traditions and customs handed down to us from the dark ages of the history of medicine, few are more valuable, more potent for good, than the custom of writing a graduating thesis. Students are likely to ignore the mental discipline of thesis writing, and grumble.

It seems to be the natural inclination of students to grumble, and it is no proof that a custom is of no value because a class of students grumble about it.

Who can tell how much the progress of medicine owes to the custom of writing theses. Think of the number of pages of valuable material that are packed away each year in the college archives.

Who can gaze at those large, fat, green-covered books in our Library without a feeling of awe. The color of the covers is no index to the character of the writers. Some one has said that a man's character is revealed by his handwriting. If this be true, we should judge by the

handwriting in these old theses that the students who have preceded us were a big-hearted, open-handed set of men.

A less philosophical person would probably say that the student had used a very coarse pen, and had spread the words over a large area of paper regardless of expense. On examining these old theses, we find that the latest and best authorities, at the time of writing, agree with the writers in every particular.

In fact, we were much surprised to find that many standard works contain descriptions of cases in the exact language of these writers. This fact simply proves our assertion that the progress of medicine owes much to thesis writing.

But we think it would be better taste for authors to use more quotation marks in their works, and thus, in a small way, recognize the much abused thesis.

Here and there in these big green books are records of provings, some short, others elaborate; and it is wonderful how these provings corroborate those made by the pioneers of homœopathy. It is a beautiful proof of the unerring accuracy of those old investigators, and clearly shows on what a sound basis we build our therapeutics.

It is to be regretted that so many write on the same subjects. There is a preponderance of Scarlet Fever, Typhoid and Diphtheria; but the students show great unanimity of thought on these subjects, which is a good proof that the pathology and treatment of these diseases are as good as mastered by the profession.

We could go on enumerating the value of theses by the hour, but we think a careful study of this article will conclusively prove to each and every student that the custom of thesis writing ought not to be abolished.

FROM the *Druggists' Circular* we copy the following method of detecting small quantities of albumin in the urine:

Professor Quinquand reports this test to the Society of Biology of Paris. It is claimed that the method will show the "*faintest trace*" of

albumin, and, if reliable, it may prove of much service to our readers:

"It consists in filtering the urine, adding to it a few drops of Barreswill's solution and heating.

"If the slightest trace of albumin is present, a beautiful violet color appears. Barreswill's solution (devised as a test for sugar) is made as follows: Take 40 parts of crystalized carbonate of sodium, 50 parts of cream of tartar, and 40 parts of caustic potash, and dissolve them in 400 parts of water. Also mix (apart) 30 parts of sulphate of copper in 250 parts of water; add these two solutions together and filter them; then add filtered water enough to make a litre in all."

Post-Graduate Education.

Delivered before the Alumni Association of the New York Homœopathic Medical College, Thursday Evening, December 16, 1886, by Prof. R. Ludlam, M.D., of Chicago.

IF the possession of a diploma was a guarantee of perfection in the science and the art of medicine your Society would not have been organized and I should not have had the honor of addressing you to-night. The simple fact that we are here affords strong evidence that a practical professional education is a progressive affair, and that with each and all of us the college course needs to be changed for an unlimited term in the school of experience.

Much has been said and written of the higher education of medical students, but I am not aware that any teacher or author has developed the idea and insisted upon the higher education of physicians. With our State boards of examiners, with our medical societies of every grade, and with the people also the question concerning the doctor is always *has* he qualified, and not *is he qualifying* for the practice of his profession? Even where the improved methods have been most successfully applied our licensing bodies have looked into the advantages which the candidate had and improved before becoming a medical student and before his admission into the school, rather than to his diligence and his development after having taken its honors. What was done before matriculation, and how many hundred lectures

have been heard or slept over in the college, are the cardinal questions. Scarcely a word is said of post-graduate training and improvement, and of the extension of habits of study and research into the after life of the physician. Nobody, I mean no responsible medical body, asks whether he knows enough to know that the traditions of the lecture-room often break down at the bedside, and that his having crammed for the degree is in no sense an equivalent for a sound and a liberal medical education.

The lack of early training and the superficial haste with which the undergraduate is forced into the medical ranks and adopted into the family account in large part for the low grade of professional attainment that is so common in our day. But it often happens that where the primary education of the pupil has been sufficient, and the college course has not been shortened, the fault lies in the fact that his application and study ended with the Commencement day.

The remedy for this unfortunate condition is not always to be found in the establishment of a high grade of preliminary acquirement, or in a more thorough entrance examination; neither in a multiplication of the branches that are taught, nor yet in a mere lengthening of the term of college instruction. What is needed is an increased ratio of well-read physicians, a larger share of earnest workers and of diligent alumni who will not be content with the mere possession of sheepskins and goatskins, no matter whose indorsement they carry, or what rights they confer.

All honor to a well-earned degree, for the day has passed in which ignorance and prejudice and barbarism were considered as special endowments for the practice of the Healing Art. And all honor to the glorious band of teachers who, in so many cases, have literally toiled "without money and without price" for the upbuilding of our educational interests. But the school and the hospital, the lecture and the quiz, the demonstration and the clinic, which are so many stepping-stones to the threshold of a medical career, must be supplemented by continued and persistent post-graduate study and application,

or we shall retrograde more and more as time runs on.

My present purpose is to indicate some of the ways and means which I believe will surely elevate the standard of professional attainment and magnify the office of the physician. If the study of Latin and logic and the higher mathematics, the possession of a classical education to begin with, and the survival from a long-drawn course of training in the college and the laboratory have failed of an adequate result, let us try another remedy. My prescription for the case in point will include a few old-fashioned resources, and one or two new ones, which are not yet in vogue, as they should be, and doubtless will be in the near future.

1. *Of a systematic plan of reading and writing on medical topics.*—Without croaking over the degeneracy of the times upon which we have fallen, it will be conceded, I think, that the average doctor of our day is not so fond of his library as his father or his grandfather may have been. He has more books at hand for consultation and reference, but he is less familiar with their contents. His hours for careful reading are few and far between. He has ten or perhaps twenty medical journals where his preceptor had one, but, in a sort of vicarious way, the editor, good, bad or indifferent, does his reading and his thinking for him. He runs over his periodicals as most people read their newspapers, in the place of, and to the exclusion of, the best authors. Indeed, in the nigger-at-the-bell-pull way in which he lives, he is supposed to have no time for anything better. The consequence is that the well-read physician whom we knew when we were boys is not always present and ready to participate in the deliberations of our medical societies.

Now a good book is a silent partner in the business, whose rights and resources we are bound to respect and to utilize. Each volume is the mouthpiece of its author, and a library that is filled with the best books brings so many able consultants within easy reach. This is the way that we country doctors in the far West find it possible to confer with the distinguished Faculty of your *Alma Mater*. We look to their writings

for the information and the advice that would not otherwise be available, and are glad of their help, even although it must be at second-hand.

And what is true in this regard of the post-graduate influence of Helmuth and Allen and Dowling and their colleagues, whom you had the good fortune to hear and to follow in the "tedious time of your adolescence," is equally true of a host of writers in the different medical schools of our own and of other lands. The text-books which were the swaddling clothes of our medical infancy have been laid aside for something better and more suitable to our present needs and status. Once we were surfeited with them and with the everlasting drudgery of trying to master their contents; but now there is "metal more attractive." Instead of recitations we are devoted to research. We have exchanged the dreary round of lecture-going for the daily and hourly demand upon our skill and our sympathy. And, if we have grown in the right direction, we surely have developed a fondness and an appreciation for a more advanced and comprehensive literature.

For two reasons I apprehend that the medical publications of the present day are more satisfactory and helpful than they ever were before. The first of these is the multiplication of encyclopædias, which really consist of collected monographs by special authors upon special topics. Every earnest English-speaking physician is pleased that we now have such works as have long been familiar to our French and German *confrères*. The second of these reasons is the grateful decrease and decay of those controversial writings which once were injected into the most serious themes, and which distracted the mind of the reader without any practical compensation.

That a full and complete digest of medical learning is within the reach of every alumnus, and that the fierce competition of the different schools of medical practice is fading away are promising conditions for the future of our beloved profession. The logical relation of these two factors of genuine progress is a subject for serious study by the members of your Society.

For it especially concerns those graduates who have outgrown the college curriculum, and who, like yourselves, are banded together for a common and a most exalted purpose.

It is not unreasonable to predict that a constant reference to this kind of literature, which is condensed, correct, available, and purged of extraneous and offensive matter, will tend to develop the exact scientific quality which is indispensable to the thorough physician.

2. *Of professional intercourse and correspondence.*—But the scheme of a progressive medical training must include the social as well as the scientific idea, the life as well as the literature of our guild. For, like other mortals, the diligent physician needs fellowship and brotherly contact or he will fail of a decided success. Professional intercourse is indispensable. Without it men grow selfish and narrow, sour and sectarian, skeptical and short-sighted. To realize that our individual experience is not the limit of the curative possibilities will put us in the mood of mixing with our neighbors for our mutual profit.

Nothing so sterilizes our faculties as distance and separatism. A profound writer has truly said "the mania for isolation is the plague of the human throng, and to be strong we must march together." The doctor who is a perpetual stranger among his brethren, who always stays at home from the meetings of the medical societies, and who never contributes to the common fund of experience, cannot be in a fit condition to assimilate the practical knowledge that lies about him, and of which he might and should become possessed. So that the prophylactic of this form of mental dyspepsia is to keep step with the procession.

This social idea has been projected into your present organization. Its spirit was entailed upon you from your college life. Of all that you remember concerning those early days the incidental social experience, and not the scientific pursuit, is the more pleasant and grateful. Nor is this all; for a large share of what you then learned is inextricably associated with the conduct and *camaraderie* of the members of your particular class—how this fellow behaved or

misbehaved in the lectures or the clinics; how that one took notes, or answered in the quiz; how one was a thirsty sponge and another a leaky spigot; how the big chap from up the creek thought himself a fore-ordained specialist, and the dapper little fellow from "nowhere in particular" raved about the high "delusions!"

No matter what they have accomplished since those early days the actors in that little drama are easily recalled, and, but for their individual peculiarities and what they have brought you by association, that period of your life might as well be written in parentheses.

Fancy a medical class that consists of a single student who is forced to study and to "flock all alone by himself." Or a class of serious dummies who have too much respect for themselves, or for their teachers perhaps, to doubt or to criticise what they hear. Once in possession of their credentials these men would very naturally enter the profession without the least feeling of friendship or desire to fraternize with its members as a means of culture and improvement.

The world is a class-room on a large scale. With all of their peculiarities, what your classmates were in college your co-graduates are now, colleagues and competitors whose society will continue to be kindly and helpful in many ways, and whose ulterior object is the same as your own.

A right estimate of what is knowable and worth knowing in practical medicine and surgery can only be reached by associated and persistent effort, and by a generous comparison of the results that have been obtained. For, so to speak, only a small share of what is called experience is grown in our own garden. As members of a busy and a slavish craft our observation is personal and individual, while our experience is general and many-sided. The one is limited and spasmodic, but the other is comprehensive and continuous. One is fragmentary and single-handed, very prone to be occupied with matters of a comparatively trivial import, while the other indicates an orderly and a measured progress, the accumulated wealth and wisdom of the profession.

Now this coöperative method of a post-

graduate education is self-perpetuating. It places our learning and experience, which is our stock in trade, at compound interest for the benefit of all concerned—the calling, the community and ourselves individually. But the conditions upon which we may participate in the profits of the concern are that we shall continue to pour our mental earnings into the common treasury of medical knowledge; that we shall earnestly desire and strive to develop the resources of the best and most beneficent of all the arts and the sciences; and that, wherever we are, or however we may be situated, we shall not "forsake the assembling of ourselves together."

3. *On the improvement of every possible opportunity to revisit the college for a review of our studies.*—There is an almost constant relation between the usefulness of a metal and its propensity to rust. If we take iron as the type, it must be protected from the action of the atmosphere and from moisture or its particles will not continue to cohere, and its valuable properties will soon be lost. Moreover, it gains strength by the weight that it carries, and by the active purpose that it subserves in the mechanical arts. The constant vibration of the railway track and of the suspension wires prevents their being depolarized and disintegrated. The track that is unused will be neither safe nor bright; and the wire rope that swings lazily and sustains nothing cannot be depended upon. The iron pillars and appointments of this building in which we are met would soon fall to pieces if they had nothing to uphold, and if the people did not come here from time to time to charge their molecules and to renew their strength. It is hardly too much to say that these inanimate things have taken a lively interest in the applause which you have so kindly bestowed upon myself.

As of the iron so of the intellect; for the mental faculties are like the metals—the most useful are the most prone to become rusty. Without diligent care and the most industrious use of the mind it will become dull and torpid, and lacking in strength and vigor. The doctor's perceptions and memory and judgment are in need of constant exercise or they will not carry

the weight that is assigned to them as it should be done.

Realizing that a perfect knowledge of the branches pertaining to medicine cannot be gained during their pupilage, many of our young graduates resolve to seize the first opportunity to return to college for the completion of their studies. But the longer they "practice," and the more deeply they become immersed in their daily duties, the less likely are they to fulfill their good intention. The theory is correct, but the result is that the resolution goes by default, for there are not many physicians who actually return to college to remain for any considerable time. In this regard the rule that applies to other literary institutions applies also to the medical schools.

Nor is this very general failure of a laudable purpose altogether an affair of the will or of the convenience of the doctor. Something of it must be charged to the college itself. For what is the special inducement offered, and what shall be the equivalent for a prolonged absence from his field of labor and the necessary outlay of time and of money? Will he not hear the same or very similar lectures upon the same old, elementary subjects that he heard as an undergraduate? He may indeed have access to more and better clinical instruction, but with one clinic each day, or each week, he surely will not progress very fast or very far in the direction of a thorough post-graduate scholarship.

We old teachers sometimes have a pang because our former pupils and graduates so seldom find their way into the lecture-room for our encouragement as well as for their own improvement. They will send us their students (which is the proper thing to do, and which in our flourishing schools is fully appreciated), but they will not come again themselves. They persist in being scarce, and shy and short of time for such friendly visits; but the fact is that, in many cases at least, while they were in college they were mentally overworked and underfed, and they have not forgotten it.

I hope to be pardoned if there is anything wrong in saying that there is ground for anxiety growing out of this very matter of increasing

the burthen that the poor medical student has to bear. In these latter days, if he is not distracted and demoralized before receiving his diploma, he is almost certain to be driven to resolve that he never will set his foot in a medical college again. And yet the whole drift of what is called the higher medical training is to lay these poor fellows under a still further tribute, and to blame them for the shortcomings of a profession that outranks them and outnumbers them, but which does not outwork them or outweigh them in downright pluck and perseverance.

I have sometimes thought that this kind of imposition upon our undergraduates must cease or somebody would feel called upon to organize a Society for the Prevention of Cruelty to Medical Students. And again it has occurred to me that these exactions might reach their limit of toleration and finally excite the victims to violence. A mob of such fellows could do a deal of mischief if they should turn upon us and boycott their teachers and examiners all around the horizon!

Manifestly it is of no use to varnish the palate in order to cure the distaste for an old dish. Whatever becomes of the matriculate, we can only deal effectually with the new conditions by perfecting a scheme for post-graduate instruction which will not require that the doctor shall go back to the same old branches and the same old benches again.

4. *Of attendance upon post-graduate schools and special courses of instruction.*—Of necessity the enterprising young doctor soon learns to apply and to appreciate the knowledge that he gained in the medical school and the hospital before his graduation. That knowledge was acquired at a time and under circumstances which were best suited for its assimilation, and now it is ingrain and indispensable. But its scope is limited and he will soon discover that there are new standards of excellence and new forces by which they must be developed. He must concentrate his time and his energies; and he must observe whether there is any especial branch of medicine or surgery to which he is addicted or adapted. He must sustain himself as a progressive student, and, if the old methods

are insufficient or inappropriate, he must find such as will satisfy the requirement.

And this is precisely what the post-graduate schools and courses of instruction propose to furnish. By arranging an objective, bedside course that is thoroughly practical, and which is designed for physicians especially and exclusively, a vigorous and sustained education is possible. There is no other way to accomplish it excepting by the long and tedious route that our fathers were forced to take, and which some of my hearers have traveled for a life-time already.

The system has its difficulties, and time and experience will be necessary to perfect the arrangements so as to yield the best results. But, suppose that only the most acceptable and capable teachers were chosen for such a position, and that the profession should yield such an institution a generous support, who can doubt that its influence would be wholesome and desirable in many ways? It would make better practitioners, for even the busy doctor would be as bright as the best of them. It would make better preceptors, for every one who had a pupil would strive to set him an example of earnestness and of thoroughness that was worthy of imitation. It would make better students, because the physician who is thoroughly awake and alive to the interests of his calling will never enroll a third-rate student and send him to college on any consideration whatever. And it would dignify the whole matter of medical education, because these schools would be shorn of the power to grant a degree or a legal license of any kind.

The practical application of these remarks is not difficult. The period of graduation is a juncture which is beset by contingencies of a peculiar kind, not the least important and harmful of which is the tendency to permit our studies to lapse and our interest in professional matters to wane and to fade away. There is a large crop of vagrant instincts that spring from sloth and isolation and rust and routine, and which will need to be corrected by the remedies that I have proposed. If the prescription set forth in my plea for a more thorough post-graduate education is a little far-fetched, in one sense

at least it is your own fault; but, when you have tried it, if it is appropriate and successful we shall share the honors.

Reception.

ON the evening of the day following Dr. Ludlam's lecture before the Alumni Association Professor G. S. Norton tendered to Dr. Ludlam a complimentary reception at his residence, No. 154 West Thirty-fourth street.

Professor and Mrs. Norton received with Dr. Ludlam and made known to him those present who had not already made his acquaintance. There was a large attendance, and doctors young and old from all parts of New York, Brooklyn, Harlem and Jersey City enjoyed greatly the opportunity of meeting together under such pleasant circumstances and of participating in the cordial welcome given to all by their friendly host and hostess. After a very enjoyable time, an elegant collation was served, and perfect justice was done by all to the good cheer spread before them. Among those present were Drs. Keep, of Brooklyn, Helmuth, Dowling, St. Clair Smith, Wetmore, Baldwin, Berg-haus, White, Allen, of New York, Pyle and Nichols, of Hoboken, Scott, Richardson, Lilienthal, Thompson and many others. The younger members of the profession were represented by Drs. Beyea, Storm White, A. B. Norton, McDowell, Elebash, George and J. W. Dowling, Jr., F. R. S. White, Teets, Macy, Cornell, Hoffmann, Porter, Boyle, Flagg, Tinker, Vehslage, McBride, F. Nott and others too numerous to mention.

A Remarkable Case.

REPORTED BY W. A. WAKELEY, '88.

DR. E. B. WAKELEY was called to attend Mrs. S—, age thirty-two, colored, in labor, November 30, 1886. She had two children living, this being her third confinement. Upon making an examination Dr. W. found what she supposed was the prolapsed cord. Not perceiving any pulsation, concluded

she would have a still-birth, and awaited developments.

The pains continuing sharp and strong and no apparent progress being made, she made another examination, and, changing the patient's position (lowering her head and shoulders and raising her pelvis), she was enabled, by conjoined manipulation, to obtain a head presentation, when labor progressed rapidly and without impediment, until the patient was delivered of a male child weighing a full 12 lbs. *by actual weight unclothed*. The placenta came away within fifteen minutes, but there was a severe post-partum hemorrhage which would not yield to the indicated remedy, and which seemed rather to increase than diminish, until Dr. W., satisfied that the uterus was not entirely emptied, made another examination, and discovered a fœtus of about three months' growth without life enclosed in its membranes and with the placenta, which was detached from the uterine wall.

By gentle traction she was able to remove it, and in a short time the hemorrhage ceased and the patient was left quite comfortable. I should suppose that in a twin pregnancy, when one fœtus had been carried dead for six months and more (as she went over her time), there would be more or less decomposition; but this fœtus was intact, and resembled one seen in a miscarriage at three months. It is evident that what had been mistaken for a prolapsed cord was the amnion of this fœtus, which had been crowded into the cervix and partially through the external os.

The mother recovered without further trouble, and she and the child are both exceptionally well and strong.

Prof. Helmuth's New Hospital.

OUR genial Professor of Surgery has opened a hospital of his own at 41 East Twelfth street in this city, and we are fully convinced that it is the finest private surgical hospital in the country.

On entering, one is shown into a beautiful reception-room, furnished with the taste and

elegance equal to that in a handsome private house. On the other side of the entrance is the office of House Surgeon Dr. S. H. Knight, of the Class of '86 of this college. On the same floor is the dining-room, and the charming array of pretty china which greets one on entering it is capable of tempting the appetite of even a sick person. On this floor also we find accommodations for those patients who prefer not to go upstairs. The next floor consists entirely of private rooms, with the exception of one, which is used as an operating-room. The arrangement of the third floor is similar to that of the second. The operating-rooms on these two floors are models of convenience and cleanliness. In each of them we find an operating table that can be wheeled about in any direction, a table for basins and one for the boiler for hot solutions, also movable. An instrument table, designed especially for this hospital, is one of its most convenient features. It has, besides the ordinary tray for instruments, one for artery forceps and another for antiseptic ligatures, thus avoiding the mixing up of the instruments as much as possible.

The antiseptic solutions are kept in large glass jars, all of which are marked and supplied with a rubber delivery tube, capable of being raised or lowered at will. A handsome instrument case, with well-polished instruments, adds much to the usefulness and beauty of each room. There are also large glass jars to hold the sponges, those used for laparotomy being kept by themselves. Each room is well lighted by a large window and, if necessary, in addition to this a fixture of eight lights above the table and one with a powerful reflector arranged on a standard, which can be moved to any part of the room.

On the top floor are the wards and rooms for the house surgeon, housekeeper, and nurses. All the rooms are tastily and comfortably furnished. Each of the large rooms has two beds, one for the patient and another for the nurse.

All the floors are finished in oak or cherry and are carpeted with Brussels mats.

The wards are of the same pattern as the pri-

vate rooms, and each bed is furnished with a screen.

The patients all dine together or are served in their rooms, as may be necessary.

There are at present in the hospital six nurses, all trained and all under the direction of a head nurse, a graduate of the Charity Training School. If necessary a patient may have a nurse especially devoted to herself or receive the care of the floor nurses.

The kitchen and nurses' dining-room are in the basement. These, like all the other rooms, are always kept scrupulously neat and clean.

At the west side of the hospital is a drive-way which leads back to the stables.

There are at present in the hospital fifteen patients, and up to date (Jan. 7, '87), the following operations have been performed by Professor Helmuth: 1 Epulis of the upper jaw, 1 Lipoma of the shoulder, 1 Curetting of uterus, 1 Caruncle of urethra, 4 Laparotomies, 1 Amputation of breast, 1 Recto-vaginal fistula, 2 Cauterizations of abdominal walls.

A Plea for the Student.

To the Editor of THE CHIRONIAN:

DEAR SIR—Dr. Geo. S. Norton, President of the Alumni Association of the N. Y. Homœopathic Medical College, in introducing Prof. R. Ludlam, M.D., of Chicago, who was to deliver the second annual lecture before the Association, took occasion to speak of the comprehensive and thorough course covered by the students of the college, as well as of the fact of an entrance examination being required and the stiffness of the "finals." He said that this might have the effect of keeping the classes small in size, but that our aim was not quantity but quality, and that the graduate could look back with pride to his Alma Mater, and that his Alma Mater could also be proud of her graduate, thus forming the very pretty picture of a sort of mutual admiration society.

That such feelings are proper, warranted, and do exist, no one will deny. Our professors we may well be proud of, for we have more than our share of eminent men and true teachers. The

small class has its advantages. The relations between the students are closer and pleasanter, and we feel that we are personally known by our fellows as well as by our teachers, and each man receives more personal attention in the "quiz," which is an undoubted advantage.

But we believe that there *is* something in numbers—that quantity *does* count if you do not have to sacrifice quality, and the preliminary examination, simple as it is, may have been a bugbear to many good men who were bright and intelligent and would have proved shining lights in our school, but who were unwilling to submit themselves to such an examination on account of its very simplicity, and who might have forgotten the length of the Hudson River or the capital of Louisiana, and, after asking themselves the question, if there were not other schools where they could obtain as great advantages without this preliminary, have decided against us. While it may thus operate as a scarecrow, we all know that any man who has the courage to face it must be poorly equipped indeed to be rejected. And while the tendency is to keep the classes small, we doubt if it raises the standard materially, and believe that the object aimed at could be attained with greater benefit to the college by admitting all comers and dropping those that prove incapable at the examinations at the end of the first six months. Correct orthography is quite as essential for a physician as a knowledge of geography, and yet we have ourselves seen upon the note-book of a member of the present Middle Class the word gonorrhœa spelled "gonerhear," and that deliberately and not in the haste of note-taking. The post-graduate may be able to score a point over some rivals, on the fact of a preliminary being required, but the preliminary itself does not seem to answer any other good purpose.

The comprehensiveness of the course cannot be denied, but when we consider the number of subjects taught and figure out the time, minus vacation, in which they are supposed to be mastered, I think we will be inclined to drop the claim of thoroughness. Specialist follows specialist in their respective subjects, full of facts and

theories, and the poor student drives his fountain pen with vigor to get it all down in his notebook; but can any rational man expect him to get it down in memory? There is indeed a call for a society for the prevention of cruelty to medical students. This is not an educational system—a leading out of the man. It is a cramming process, a pouring into a reservoir, and the fact holds good in metaphysics, as in physics, that you cannot put more than a pint into a pint measure. It overflows. Nor is that all; it has a tendency to discourage a man who is ambitious and feels he cannot do it all, and he plods along through the course with a tired brain, and goes out, knowing a very, very little about many subjects, and lacking the energy and confidence in himself which he should feel to be successful.

It seems to us that not the amount of ground covered, but the thoroughness with which it is gone over is really the factor that raises the standard of an institution, and the fault here, if there is any, is not with our professors, but with the curriculum. Our professors certainly do their part thoroughly enough, as is evidenced by the fact that in spite of all they are called upon to do, the students come up to the requirements at the finals, which are as searching and severe as those of any college in the country. We believe that the specialties of otology, ophthalmology, laryngology and dermatology should be optional, and no examinations held in those branches. Kidney diseases could be given with greater benefit to the student, considering the amount of time at his disposal, with practice, as we believe pathology should be also. Anatomy could be made a compulsory two-year study with great propriety. Then if the term were extended two weeks later in the spring, a three-year course made obligatory, and the most important studies gone over two years, we believe we would have better reason to be proud of our graduates, that they would be much better prepared and in better condition to undertake their life's work.

'87.

ONE of our best remedies for inflammation of the bladder is tinct. cantharides, one drop every hour.—*Journal of Medicine (old school.)*

A Sulphuric Acid Case.

BY CLARENCE WILLARD BUTLER, M.D., N. Y. HOM.
MED. COLL., '72.

JOE M—, a spare, small man, 50 years old, but looking older, pale-faced, watery-eyed, a hard worker in his youth and an idle man ever since, now a hostler in a country hotel, consulted me in November, 1880, for the following conditions: He averages from twenty to thirty drinks a day and confines his potations to whiskey or "apple jack" (cider brandy, the original "Jersey lightning"), from which it becomes evident that Joe is an intemperate man. He generally takes two or three large drinks at the landlord's expense before breakfast, and during the rest of the day drinks with every one who asks him. Since he brings his average up to twenty or thirty drinks, it would look as if Joe was not friendless altogether; also, as if the hotel was doing a good bar trade. He says he feels like sheol every morning. (Joe spells it with an h.) He is nauseated, with *sour* vomiting, "awfully" sour; has many eructations with occasional gulping up of a *sour* or sweetish water; is irritable. If his horses do not stand to suit him while he is cleaning them he kicks them, although he is usually *fond of* and kind to them. (Surely he is not hopelessly depraved.) After his "two or three drinks" he feels better. Head feels dull and stupid in the morning, but has no headache. He feels "heavy in himself" all day (Joe is a descendant—remote—of Brian Boromhe), or at least until he has filled himself pretty full of the "juice of forgetfulness." He has many fugitive pains through the bowels; *burning* at the pit of the stomach, and considerable moving of flatus in the abdominal cavity. Is continually thirsty (in spite of his "thirty drinks a day"), but cannot drink water because it chills his stomach and he throws it up. Can put water in his liquor without inconvenience or vomiting. Bowels constipated, with pain in the rectum on defecating. No appetite. Can eat nothing in the morning till he has had his two or three drinks, when he can take a little food. It causes

dull pain in the stomach, however, as soon as he eats it. He is nervous and tremulous most of the time. Although he knows the cause of all his discomfort he protests that he is wholly unable to stop drinking.

Sulph. acid [∞] was given him in repeated doses with great relief of all his symptoms. A cure was not effected, of course, since he still persists in his "twenty or thirty drinks a day." Indeed, when I last filled his bottle with pills, improving the occasion meanwhile to give him a temperance lecture, he informed me that he did not think it worth while to quit drinking because he would "never die of it, shure," as long as "thim pills" could "cure him up" so quickly.

In alcoholism we are frequently called upon for the use of one of three drugs, and a comparison of their symptoms, to fix them in our minds and avoid that most pernicious habit, *routine* prescribing, may not be unprofitable. These are Sulph. acid, Nux vomica and Gelsemium.

SULPHURIC ACID.

Suitable in chronic alcoholism. Old toppers who drink the "hot and might liquors," brandy, whiskey, gin, etc.

Apathy.—Irritable when things do n't go to suit him.

Dullness through the head. Stitches here and there in the head.

Thirsty.—In the morning he wants whiskey or brandy. Cannot drink water unless he adds alcoholic liquors, because it chills his stomach and he vomits it up.

Tongue red, or coated whitish.

Breath very offensive.

Bowels constipated, with great pain in the rectum on defecating; or bowels loose; pasty or watery, offensive stools.

Hæmorrhoids.—External, moist, sensitive, with stitching or burning pain.

Nausea.—Severe, with vomiting of food, of water, of *sour*, bitter mucus.

Very sour vomiting.

Sour, bitter or sweetish eructations.

Hiccough.

No appetite.

Heavy, pressive pain in the stomach on eat-

ing. Burning or coldness in the pit of the stomach.

Weakness in the abdomen after stool.

Frequent urination, with pain in the urethra on passing the last few drops. Old sinners with enlarged prostate.

Tremulousness without actual trembling, general, and severe.

GELSEMIUM.

Moderate drinkers who have exceeded their allowance. Champagne drinkers. Fine wine and liquor drinkers.

Restless, even lively, disposition, or penitent mood.

Heavy, *dull occipital* pain from pressure: from stimulants. Dull, confused feeling in the head.

Thirst moderate. Craves stimulants, but wants fine liquors and "long drinks"—*e. g.*, champagnes, cock-tails or gin or whiskey fizzes.

Cold water grateful.

Tongue coated yellow.

Breath offensive.

Bowels not markedly affected.

Nausea not prominent, vomiting rare.

Little appetite.

Indefinite pains through the abdomen from stimulants.

Frequent free urination with relief of the symptoms, especially the headache.

Nervousness and tremulousness without actual trembling; may be general or confined to single groups of muscles.

Not as severe as with Sulp. acid.

NUX VOMICA.

Results of excess, especially in young or moderate drinkers.

Beer drinkers, whiskey drinkers.

Cross, quarrelsome disposition.

Dull, heavy frontal headache by strong pressure. Confused feeling in the head.

Thirst.—Can usually, but not always, retain water. Wants a "fixed up" drink; do n't know what exactly, and is not always able to retain it when he gets it. Stimulants do not relieve.

Craves cold water, but cannot always retain it.

Thick, dirty coating upon the tongue.

Breath foul.
 Bowels constipated, with ineffectual urging.
 Piles, internal or external, painful after stool.
Nausea.—Incipient nausea constant.
 Vomiting bitter, of food.
 Eructations.
 Hiccough after stimulants.
 No appetite.
 Heaviness and pain in the stomach on eating.
 Spasmodic strangury.
 Dull pain in the prostate, with urging to urinate or to defecate.

Miscarriage with Flooding.

A SHORT time since my attention was called to the following case: Mrs. C—, aged thirty-four, married thirteen years. Has had five children, one living; last delivery three years ago; no previous miscarriages. History of phthisis in family. Patient supposed to be pregnant three months, when, after much fatigue from a hard day's work, she said, bleeding suddenly began with pain, and shortly after a mass was expelled from the vagina. The hemorrhage continued, and at times dark clots of blood, as large as her hand, was passed, with a fainting sensation. At the time of seeing her, two weeks later, she was weak and emaciated, hardly able to stand; face had a pale, sallow expression, sunken eyes, cold clammy skin, pulse small and irregular, chilliness over body with cold hands and feet, debilitating sweats at night, no appetite, heaviness and dragging sensation in lower limbs and genital organs, great prostration, etc.—in fact, her very looks and actions seemed to cry out *Cinchona*. Examination showed the cervix to be subinvolved, with large raw patches of unhealthy granulations upon the vaginal portion. The os was widely dilated, through which exuded blood and mucous; a sound was passed; uterus found in normal position and measured five inches from external os to fundus. A hot water douche was immediately resorted to, then the granulations on cervix were touched with nitrate of silver, thirty grains to the ounce, and an application of Churchill's Co. Tr. of Iodine and Glycerine, equal parts, was made to the

cervix, after which the vagina was tamponed with cotton pledgets, strings attached, the first few being saturated in a mixture of alum, one drachm to glycerine four ounces, which were placed in the posterior cul-de-sac and around the vaginal portion of the cervix, then over the os, and thence, with dry pads, the vagina was filled from above downwards, the speculum removed and patient placed in bed. Relief was almost immediate; for the pads gave support, as it were, to the already weakened and relaxed structures that were endeavoring so well to hold the engorged uterus in position. The parts were kept thoroughly disinfected, and the same local treatment was applied daily, with the exception of the nitrate of silver solution, a few applications of which were sufficient, as the raw surface of the cervix readily healed. The hemorrhage soon subsided, and in twelve days the cervix appeared normal, being reduced to one-third its former size. A sound was passed and the uterus measured three inches instead of five. The patient resumed her domestic work, was bright, active and quite strong, and seemed to be transformed into a new being.

J. O. CHASE, '87.

Treatment of a Case of Subinvolution.

PROF. W. O. M'DONALD, M.D.

THE term is applied to that condition "when the uterus remains too large after childbirth," by Emmet.

By Thomas the lesion is considered as one of the forms of chronic metritis.

But little reference to subinvolution is to be found among the English, French and Germans.

It appears to me to be proper, in a clinical point of view, that the affection should be considered under two distinct phases.

As a matter of experience, it is a common thing to find a condition of the uterus associated with laceration of the cervix and probably dependent on it, when the organ is large and soft. To this state of affairs, the term subinvolution properly belongs.

After the lapse of years, a certain proportion of these cases of subinvolution will be found to have undergone certain changes. The uterus will continue to be large, perhaps it will have increased in size, but it will no longer be soft. There will usually be a state of descent, flexion or version. It will be tender to the touch and the mucous surfaces will be found in a state of chronic inflammation. This state of affairs merits the term applied to it, "chronic metritis."

The first form of the lesion, which I have called subinvolution, can pretty much always be cured, by curing the laceration which has induced it.

But in the second form oftentimes, although it may evidently have been caused by a torn cervix, the repair of the cervix will not bring about a cure of the disease of the body of the uterus.

And in addition, occasionally we meet with cases of laceration of the cervix which do not admit of repair. Some of these are specimens of the advanced form of subinvolution.

So that we have on the one hand patients whose subinvolution can not be remedied by the operation of trachelorrhaphy, and also on the other hand, patients whose cervical lacerations do not admit of repair.

Now a word of explanation in regard to the cases which do not admit of repair, or perhaps a better word would be restoration.

One variety of these unsusceptibles, if I may be allowed to use such a term, arises after this fashion: It is accepted that the laceration is usually followed by eversion of the lips; in time the everted lips go off into the roof of the vagina, and all semblance of laceration is lost, but generally the cervix can be restored by rolling in the tissues in front of and behind the cervical canals by the use of two hooks.

But when the advanced phase of subinvolution exists, the physical changes are usually so great that this rolling-in process cannot be accomplished. The everted lips are merged in the adjacent vaginal walls, the part of the cervix which was not split has increased in all its diameters. It has become denser, thicker, usually longer; it has become physically less

accommodating. It has been converted into a cervix with a larger os and canal, but with little or no semblance of ever having suffered from any such damage as laceration. The rolling-in process can not usually be practiced, and consequently the operation of trachelorrhaphy can not here be performed. No lesion is to be found, for none exists. The everted cervical lips have disappeared.

In these advanced cases of subinvolution, or as I think it preferable to term them, of chronic metritis, a proceeding has been recently advocated which is so nearly identical with a former method of my own that I feel tempted to bring the subject to your notice.

After you have been in practice for a time you will discover, I fancy, that the cure of any form of chronic metritis is a thing that you will rarely bring about. It follows from this, in my opinion, that any line of treatment which furnishes a fair prospect of relieving some cases deserves careful trial and earnest consideration.

Now for my patient. She first came to me in 1881, and my record furnishes the following named particulars:

She was then thirty-one years old, and was living with her husband. She had had two children fifteen years and seven years before, respectively. She had a miscarriage some ten years before, and her troubles appeared to date from this occurrence.

Her first "lying-in" was followed by a good "getting-up," but she was sick both before and after the last confinement.

Her menstruation, she said, was quite regular, the flow having been rather profuse since the birth of her first child and containing clots, and often being dark, thick and tenacious.

Dysmenorrhœa always, but the pain was variable, being more severe with some periods than with others. At the same time she was never able to keep out of bed through a period without suffering much more as a result of so doing.

She also said she had leucorrhœa constantly, the discharge being thick, glutinous, like thickened milk, and much of the time irritating the vulvar mucous membrane.

She stated that she suffered from what have

been termed menstrual headaches located in the temporal regions and in the orbits, aggravated by light, noise, effort, talking and eating, ameliorated by a tight band about the head, by vomiting and by the taking of an alkali.

An epigastric sensation was present much of the time, as if she had over-eaten; there was intolerance of pressure in the left epigastrium, obliging her to loosen her corsets, and impeding a full inspiration.

She was unable to digest fat food.

The palms and soles had been hot much of the time for the preceding six weeks.

She complained of pelvic pain and tenesmus from standing and from long walking, greatly relieved by the use of a wad of cotton so placed in the vagina as to support the uterus; of a weak, tired sensation in the pelvis, and also a terrible, weak, "gone" feeling in the same location—all of these pelvic symptoms relieved by getting into the knee and chest position.

Examination showed that the cervix was large and œdematous, low down and far back in the pelvis, in the first stage of prolapsus. The os was transverse and large, with some erosion on the adjacent mucous membrane. The body of the uterus was large, heavy, tender to the touch, and inclined somewhat forwards. Tenderness was also developed by the use of the probe, which went into the canal two and a half inches.

Rendering a diagnosis of chronic metritis, I advised her attending physician to rely entirely on internal medication, and I counseled her to be content to take good care of herself, giving her some hope of such an improvement as would at least render her life comfortable.

This line of conduct was followed out, and she returned to me in June last and said that she had gone along passably well as long as she had not attempted to do anything. But about a year ago she broke up housekeeping and the toil incidental to this change in her surroundings had caused her to relapse, and that she was worse than ever; and she had now developed some new features in her symptoms.

Menstruation was less regular, its duration

was generally five days. Pain began in the pelvis as soon as the flow came, lasted as long as the flux did, and continued in a diminished degree for some eight, ten or twelve days, when a sort of a mild attack of dysmenorrhœa would come on and last for three days, associated with the discharge of a thin fluid—not blood—and a miserably sore and sensitive state of the pelvic organs; and then, after this flow ceased, for about ten days she would have an interval of comparative comfort until the return of the next menstruation would again render her unhappy.

Physical investigation developed very much the old state of affairs; but far back, and to the left of the cervix, a vague mass was to be found of some half to three-fourths of an inch diameter, which was very tender to the touch and which she indicated as being the most sensitive spot in the cavity. She was now somewhat sensitive in all parts of the pelvis, but more so just above the brim, while all portions of the uterus were tender, and the abdominal wall was in a touchy condition in spots. Two of these spots were located over the external inguinal rings.

My reading of the case now was that the chronic inflammatory action had relapsed in the uterine substance, and also that inflammation of a chronic character had arisen in the left ovary, that this organ had probably become somewhat adherent, and that it was this ovary which was furnishing the ovum, the discharge of which during the regular menstrual interval was producing this so-called inter-menstrual dysmenorrhœa.

Her particular reason for returning to me was to get my opinion as to the possibility of her wearing a pessary.

The fitting of an effective pessary in this case seemed so hopeless a task that I submitted another alternative.

Some years ago, upon one occasion when I was performing the operation I am about to describe, Prof. Helmut after looking on for a few minutes remarked, "Oh, I see! When we do not find a laceration, we make one and sew that up, and it answers the same purpose!"

The procedure consists in the cutting out of a V-shaped section from the sides of the cervix, the apex of the V being above or towards the body of the uterus, and then joining the raw surfaces by suture.

This operation was of course suggested by the results obtained in trachelorrhaphy. In two or three patients a decided improvement followed its performance, but in as many more meeting with failures, I had ceased to practice it.

Within a few months an article has been published advocating the resort to this measure in chronic metritis, resulting from old laceration of the cervix. Consequently with this kind of "backing up," I offered this as an alternative measure to my patient, and after some consideration she concluded to accept it.

The writer of this article, referred to above, urges that the gap should be extended high enough into the cervical substance to cut the circumflex artery if possible, he being of the opinion that better results will then be obtained.

Without going into the question as to whether the artery should be cut or not, I will say that the ancient dread of section of this vessel does not appear to have any very good foundation. It is but a small artery, and when wounded the flow of blood can always, in my opinion, be controlled by the passing of a suture through the tissues so as to go around it. If this does not suffice pass a special thread through and then ligate *en masse*, encircling the point where the blood springs from.

Well, the operation has been performed, good union was obtained, and the patient has gotten up and about.

Of course it will be some months at least before any material change can be expected. In fact, I would not feel discouraged about the matter if she had but little or nothing to report in the way of a betterment for a year; so that it will probably be impossible for me to furnish this class with any definite report as to the ultimate issue of the case.

Guided by my former experience, I do believe that there are cases of chronic metritis, due to laceration of the cervix, that can be benefited by

this proceeding when the operation of trachelorrhaphy is inapplicable.

But it will probably occur to you that this operation will not benefit the disease of the ovary; perhaps this is true, but because this woman has chronic oöphoritis, shall we make no attempt to relieve her of her chronic metritis?

I do not know how to cure chronic inflammation of the ovary. I will do my best and treat it by internal medication, but I would work with a much more hopeful spirit if I could first get her rid of the uterine disorder.

SCHENECTADY, N. Y., Dec. 20, 1886.

Editor of THE CHIRONIAN:

DEAR DOCTOR—Since the last meeting of the Alumni Association a movement has been set on foot with reference to a decennial meeting of the class of 1877. Meetings of this kind, I believe, have never been held by our college classes, and it seems to me that such meetings would greatly increase the interest in our Alumni Association, as well as in our Alma Mater.

All the members of the class whose addresses are known have been notified, and twenty-nine have returned favorable answers. Four of the class are dead, viz., Bosworth, Purdy, Stevens and Hamilton. Five could not be found, namely, De Kooth Portugal, E. Thorn, J. H. McClellan, P. Emerick and H. A. Putnam. Sixteen have not answered. If THE CHIRONIAN could be sent to every member of the class it would bring the matter before them again, and possibly induce them to drop a line to the writer. Will some of our boys who use the pen more than the writer give us a shaking up in the next CHIRONIAN, so as to make the meeting a success?

Fraternally yours,

LOUIS FAUST, '77.

IN wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one grain to two pints of water; teaspoonful every half hour.—*Nashville Journal of Medicine and Surgery (old school.)*

College Notes.

HOW do you like my hair *à la Pompadour*?
EIGHTY-NINE has a tax collector—Dun-levy.

YES, I have friends, but they are distant—distant.

ONLY three short months and then the deluge of examination papers.

GENTLEMEN, I feel a little tired, so I will sit down during this quiz.

CONNELL AND ALLEN are to be congratulated on their full beards. Next!

EVERY middle man has his pet question in Toxicology now, and goes around searching for victims.

THE laboratory instructors would like to know where the boys were Tuesday afternoon, Dec. 21, 1886.

A NEW disease, namely, "Intestinal Hydrocele," has recently been discovered by "A" man in our class.

SOME of the boys have not yet returned from the Christmas vacation, and undoubtedly they will come back singing, "Blest be the tie that binds."

EVERY one came back from the vacation smiling and happy, but the smiles vanished when Prof. Doughty pulled out that little list and began to quiz.

It is proven beyond doubt that Mr. S—— is a "sucker." The suction power he exerted through a pipette revealed to him "All's not cider that's red."

CHURCH, '89, who was obliged to leave college some two weeks before the vacation began, on account of illness, has fully recovered, and is with us once more.

PROF. HELMUTH, assisted by his son, removed an ovarian tumor from a patient in the Hahnemann Hospital, Philadelphia, before the students and faculty of the college.

PROF. WHITE has *begun* the consideration of tumors. Nobody knows when he would stop

if left to himself, but fortunately there is a limit fixed—the end of the term.

THE pleasing voice of the professor in Obstetrics seems to have a soporific effect on certain middle men who shall be nameless. One of them, however, spells his name with an H.

THERE have been so many calls for Mr. Martino that the gentleman in question suddenly appeared on the scene. He was an object of great interest to the Freshmen, who nearly stared him out of countenance.

ALAS! how easy it is to be deceived. Our Freshman, in whom we took such an interest, and whose knowledge of anatomy we deemed so profound, has taken to playing cards and announces that he will not come up for anatomy this year.

AT the New York Ophthalmic Hospital 3,572 prescriptions were given out, and 653 new patients treated during December. Average daily attendance, 143; largest attendance, 229. In the College Dispensary 1,698 prescriptions were given out, 184 visits made and 633 new cases treated.

GEO. M. SMITH, '87, our genial business manager, who has been for three years apothecary to the Ophthalmic Hospital, is relieved from this arduous duty now, his time having expired January 1st. He is happy to say that now he can spare more time for making out receipts for subscriptions to THE CHIRONIAN, and will devote at least three hours a day solely to the business of putting his signature to these important documents. Mr. Vanderwerker, '88, succeeds Mr. Smith, with Connell, '89, as assistant.

Book Notice.

American Medicinal Plants. MILLSPAUGH. Fascicle V., Nos. 21-25. Boericke & Tafel, New York and Philadelphia.

IN this Fascicle, the plates of those plants that are familiar to us are admirable. Rarely have publishers attempted a work of such magnitude and carried it out with such signal success.